



INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

THE SECURITY INDUSTRY



Insurance Brokers . Underwriting Agents
Lloyd's Brokers . Independent Financial Advisers

PROPOSAL FORM

Full name of Proposer including trading names, group companies and subsidiaries that are to be covered by the policy

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Address.....

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Please list names and dates of birth of all Company Directors/Partners

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Background of Company Directors/Partners including experience in the Security Industry:

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Date Established

Telephone Number and Person to contact:

Fax Number

Email Address

If you required Employers' Liability cover, please supply your Employer PAYE Reference.
(This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to.)

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If you do not have a PAYE Reference, please confirm that you are exempt and give the reason

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Are you a member of any Trade Association or Regulatory Body? If so, please provide details:

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Are you an approved SIA Contractor?.....

Nature of security work undertaken; please state below categories:

- a) Static/Mobile Guards

Yes	No
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- b) Retail Security

Yes	No
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- c) Cash Carrying

Yes	No
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- d) Installation of Alarms & other Security Systems

Yes	No
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- e) Any other work; please supply details

1. PUBLIC LIABILITY/EFFICACY & CONTRACTUAL LIABILITY

- a) Public Liability – Limit of Indemnity required

£

- b) Is Efficacy and Contractual Liability required?

Yes	No
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- c) Limit of Indemnity for Efficacy and Contractual Liability

£

- d) Please state estimated turnover for the coming year

£

- e) Do you provide Guard Dog Security?

Yes	No
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If Yes, please state

 - (i) If permanently under the control of a handler

Yes	No
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 - (ii) Total number of dogs
 - (iii) Are all dogs properly kennelled when not being used for guard duty?

Yes	No
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 - (iv) Are all dogs professionally trained prior to being used for guard duty?

Yes	No
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 - (v) Is there a “one to one” relationship between the dog and handler?

Yes	No
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 - (vi) If not please detail your method of operation

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f Please state below percentage split of your Contracts:

(i) Offices

(ii) Warehouses & Factories

(iii) Shopping Precincts

(iv) Building Sites

(v) Garages/Car Compounds

(vi) Other work – please specify

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IF INSURANCE IS REQUIRED FOR EFFICACY & CONTRACTUAL LIABILITY WOULD YOU KINDLY FURNISH A COPY OF YOUR CONTRACT CONDITIONS AS COVER IS SUBJECT TO UNDERWRITERS APPROVAL OF THE CONDITIONS.

2. EMPLOYERS LIABILITY

Please give estimated annual wages and numbers in respect of employees in the following categories including Labour Only Sub Contractors:

a) Clerical staff, Directors, Commercial Travellers and Managerial Employees who do not engage in manual work

b) Static and mobile Security Guards

c) Guards engaged on cash carrying duties

d) Others Employees; state type

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e) **Sub Contractors :**

(i) Do you employ any Sub Contractors? (If Labour only please include under Employers Liability Section)

Number	Estimated Wages

(ii) Do you ensure that Sub Contractors maintain Employers Liability and Public/Products/Products (Efficacy) Liability Insurances with Limits of Indemnity no less than the Limits proposed under this Insurance

(iii) Estimated Annual payments to Bona-Fide Sub Contracts

3. PERSONAL ACCIDENT INSURANCE

Do you require Personal Accident Insurance?

If Yes, please state

a) Do you require full 24 hour cover?

b) Do you require Insurance restricted to occupational cover only including travelling to and from work?

c) The total number of employees and brief description of work undertaken:

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d) The sum insured required per person for death and capital benefits

e) The sum insured required per person for temporary total disablement

f) Are satisfactory enquiries made concerning the health and physical fitness of prospective employees before they are employed?

4. FIDELITY GUARANTEE

Do you require Fidelity Guarantee Insurance?

If Yes, state Limit of Indemnity

5. WRONGFUL ARREST

Is cover required for Wrongful Arrest?

If yes, please state of Limit of Indemnity

6. YOUR CUSTOMERS PROPERTY

a) Do you require cover for cash and/or valuables and/or goods in transit? (Further details will be required)

b) Do you require cover for Loss of Keys Insurance?

If yes, please state Limit of Indemnity

c) Do you require cover for Consequential Loss following Loss of Keys?

If yes, please state the Limit of Indemnity

7. OTHER DETAILS OF WORK UNDERTAKEN

Do you undertake or are you likely to undertake any work

a) Outside England, Scotland, Wales, the Channel Island or the Isle of Man

b) Airside (except work inside terminal buildings)

c) Offshore

d) Trackside

If answer to any of the above is "Yes" please provide details

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8. CLAIMS HISTORY

Have any claims been made upon you or notified (whether insured or not) in respect of any of the above mentioned risks during the past five years?

 Yes

 No

If yes, please provide the following details

Year	Brief Details and Type of Claim	Amount	Amount Outstanding

9. SCREENING PROCEDURES

It is a requirement and condition of all the insurances that screening of individuals employed in a security environment is in accordance with:

- (a) British Standard BS7858 Code of Practice for Security Screening of Personnel employed in a Security Environment and/or British Standard BS7499 Manned Security Services Part 1, Code of Practice for Static Guarding and Mobile Control Services or any amendment thereto in respect of employees engaged in guarding activities or the provision of key holding services or security installation servicing or maintenance services or activities, or
- (b) British Standard BS7960 Code of Practice for Door Supervisors/Stewards or any amendment thereto in respect of employees engaged in door supervising activities or stewarding work

In addition, a written record of any verbal reference must be made at the time it is obtained, and the original copy of each written reference and the record of any verbal reference must be retained.

Please confirm that your screening procedures comply with the above requirements

 Yes

 No

If your procedures are not in accordance with the above, please give details below of your systems and the matter will be considered further by the Underwriters.

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PLEASE ALSO PROVIDE A COPY OF YOUR EMPLOYMENT APPLICATION FORM

10 LONG TERM AGREEMENT

Are You willing to enter into an Agreement whereby you undertake to retain the Insurance with the Underwriters for three years subject to there being no increase in the rates (a discount is available in respect of this agreement)

I YES please read and sign the undertaking below.

In consideration of the underwriters agreeing to allow a discount on premiums relating to the policies based on this proposal form, we undertake to renew annually for three years the insurances based on terms and conditions in force at the commencement of the insurance and pay the premiums thereon annually. The Company shall be under no obligation to accept an offer made in accordance with the above mentioned undertaking. It is understood that the premiums may be varied depending on alteration in the Turnover, Sums Insured or changes in Benefits.

Signed

Dated

11 PREMISES

Would you like us to arrange cover for the following:-

Building/Office or Trade Contents/Loss of Profits/Own Money/All Risks

Yes

No

If YES, the underwriters shall contact you for further information

12 PRESENT/PREVIOUS INSURANCES

(a) Name of Brokers and/or

Underwriters.....

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(b) Renewal Date.....

13 GENERAL

(a) Has an Insurer

(i) Declined to accept any Insurance for which you are now proposing?

Yes	No
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(ii) Cancelled or refused to renew a Policy?

Yes	No
-----	----

(iii) Required an increased premium, special terms or restrictions?

Yes	No
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(b) Have you the Proposer or any Partner or Director ever been convicted of or charged (but not yet tried) with a criminal conviction

Yes	No
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(c) To your knowledge, has any Employee ever been convicted of or charged (but not yet tried) with a criminal offence?

Yes	No
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(d) Have you the Proposer or any Partner or Director even been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner Director or Partner with any company which went into receivership, administration or liquidation?

Yes	No
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If YES to any of the above, please give details:

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I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND I/WE HAVE NOT CONCEALED ANY MATERIAL FACT THAT OUGHT TO BE KNOWN OR ADVISED TO THE UNDERWRITERS.

I/WE AGREE THAT ANY VARIATION IN PRACTISES AND/OR SAFEGUARDS AND/OR PROCEDURES WILL NOT BE MADE WITHOUT THE KNOWLEDGE AND AGREEMENT OF THE UNDERWRITERS.

I/WE WARRANT THAT THE ABOVE STATEMENTS ARE TRUE AND AGREE THAT THEY SHALL BE THE BASIS OF THE PROPOSED CONTRACT BETWEEN THE UNDERWRITERS AND YOURSELF/YOURSELVES AND BE INCORPORATED THEREIN.

I/WE FURTHER AGREE TO RENDER AT THE END OF EACH PERIOD OF INSURANCE A STATEMENT OF ALL WAGES AND/OR SALARIES ACTUALLY EXPENDED AND/OR TURNOVER RECEIVED AND TO PAY ANY EXCESS PREMIUM DUE.

IT IS FURTHER WARRANTED THAT CONTINUED ACCURACY OF THE ABOVE STATEMENTS, PARTICULARS AND ANSWERS SHALL BE CONDITIONS PRECEDENT TO LIABILITY UNDER THE PROPOSED INSURANCES.

SIGNED

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POSITION

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DATED

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